



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: BAPTIST HEALTH FLOYD

City of Hospital: New Albany

Year Begin: 09/01/2021 (mm/dd/yyyy format)

Year End: 08/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Jessica Williams

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Medicare Provider Number: 15-0044

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$904387230
Outpatient Patient Service Revenue	\$1281847679
Total Gross Patient Service Revenue	\$2186234909

2. Deductions From Revenue

Contractual Allowance	\$1814986748
Other Deductions	\$36215500
Total Deductions	\$1851202248

3. Total Operating Revenue

Net Patient Service Revenue	\$335032661
Other Operating Revenue	\$11168399
Total Operating Revenue	\$346201060

4. Operating Expenses

Salaries and Wages	\$121940490	Employee Benefits	\$26950323
Depreciation and Amortization	\$18263194	Interest Expense	\$28116
Bad Debt	\$347170	Other Expenses	\$188504888
Total Operating Expenses	\$356034181		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-9833121	Total Assets	\$225486620
Net Non-operating Gains over Loss	\$392180	Total Liabilities	\$5530742

Total Net Gains	\$-9440941
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$685199959	\$601960283	\$83239676
Medicaid	\$302802564	\$244092353	\$58710211
Other Government	\$42879102	\$37928118	\$4950984
Other State	\$0	\$0	\$0
Other Payers	\$1155353285	\$967221495	\$188131790
Total	\$2186234910	\$1851202249	\$335032661

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$40000	\$64479	\$-24479

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$45907	\$119042	\$-73135

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$252580	\$-252580
Community Education	\$0	\$200224	\$-200224

Number of Medical Professionals Trained	420
Number of Hospital Patients Educated	1003
Number of Citizens Exposed to Health Education Messages	14202

Statement Six: Charity Statement

Hospital Charity Charges	\$1614253
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$242382	
HCI Payments	\$0		
Subtotal	\$0	\$242382	\$-242382
Medicaid Shortfalls	\$58710211	\$66627380	
Subtotal	\$58710211	\$66869762	\$-8159551
DSH Payments	\$0		
Subtotal	\$58710211	\$66869762	\$-8159551
Medicare Shortfalls	\$83239676	\$95826263	
Other Government Programs	\$4950983	\$5775469	
Total	\$146900870	\$168471494	\$-21570624

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

This is for Baptist Health Floyd's 2022 Fiscal submission

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